37 CFR 1.67.

amended under PCT Article 19 on _

(Rcl_58-11/93 P	Nb.605)	FORM 1-1		<u>r</u> ~
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Attorney'	's Docket No	01-699	- ,	
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	COMBINED DE	CLARATION AND I	POWER OF ATTOR	NEY
(ORIG	SINAL, DESIGN, NA	TIONAL STAGE OF PO CONTINUATION O	CT, SUPPLEMENTAL, R CIP)	DIVISIQNAL,
As a belo	ow named inventor,	I hereby declare that:		
		TYPE OF DECLAR	MATION	
This dec	laration is of the fol	lowing type: (check on	e applicable item below)
Ø	original			
	_			
	If the declaration is for		on being filed as a division tem; check appropriate one	
	national stage of	PCT		
	If one of the following 3 in CONTINUATION OR CIF		nd also attach ADDED PAGE	S FOR DIVISIONAL,
	divisional			
	continuation	46		
	continuation-in-pa	art (CIP)		
	IN	ENTORSHIP IDEN	TIFICATION	
WARNIN	G: If the inventors are of the ownership of all t	each not the inventors of all he claims at the time the last o	the claims, an explanation oclaimed invention was made,	f the facts, including should be submitted.
l believe original, 1	I am the original, fi first and joint invento	rst and sole inventor (i	are as stated below not fonly one name is list sted below) of the subjection entitled:	ed below) or an
Ziro	conium alloy	TITLE OF INVENTAGE having excell	ITION ent corrosion	resistance
			method for pr	
nucl	lear fuel cla SP	adding tube by ECIFICATION IDEN	zirconium all TIFICATION	. О у
the spec	cification of which: (complete (a), (b) or (c))		
(a) 🛛	Is attached heret	0.		
(b) 🗆	was filed on		as [] Serial No. 0	/
	or Express Ma	uil No., as Serial No. no od on	ot yet known	(if applicable)
NOTF:			sited with the PTO which co	
	not accorded a filing date are those filed with the	by being referred to in the d application papers or, in th	eclaration. Accordingly, the a e case of a supplemental d he original statement of inve	mendments involved eclaration, are those

(Declaration and Power of Attorney [1-1]—page 1 of 5)

and as

(if any).

(c) \square was described and claimed in PCT International Application No. _ filed on .

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following items, if desired)

- and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and
 - In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of Which priority is claimed.

(complete (d) or (e))

- (d) no such applications have been filed.
- (e) I such applications have been filed as follows.

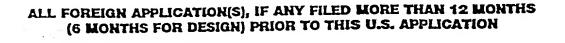
NOTE: Where item (c) is entered above and the International Application which designated the U.S. Itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
KR	2001-24582	07,05,2001	☑ YES NO 🗆
			☐ YES NO ☐
			☐ YES NO ☐
			☐ YES NO ☐
			☐ YES NO ☐

(Declaration and Power of Attorney [1-1]—page 2 of 5)

(Rel_58-11/93 Pub.605)	FORM 1-1	1



NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Robert H. Bachman (19,374), Gregory P. LaPointe (28,395), Barry L. Kelmachter (29,999), and George A. Coury (34,309), all of Bachman & LaPointe, P.C., 900 Chapel Street, Suite 1201, New Haven, CT 06510-2802

(check the following item, if applicable)

Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Bachman & LaPointe, P.C. 900 Chapel Street, Suite 1201 New Haven, CT 06510-2802 DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Gregory P. LaPointe (203) 777-6628

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may Jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

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CHECK PROPER	BOX(ES) FOR ANY	OF THE	FOLLOWING	ADDED	PAGE(S)	WHICH
	FORM A PART	OF THIS	S DECLARATI	ON		
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X	Signature for sixthand subsequent joint inventors. Number of pages added
	• • •
	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
	Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).
	• • •
<u> </u>	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.
	☐ Number of pages added
	Authorization of attorney(s) to accept and follow instructions from representative.
	• • •
	(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following Item:)
	☐ This declaration ends with this page.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filling receipt and all other 6th Full name of soxexx xixx inventor Cheol NAM (ONEN NAME) (MIDDLE INITIAL OF NAME) FAMILY (OR LAST NAME) inventor's signature _ Date Oct. 24, 2001 Country of Citizenship ROK Residence #511-405 Chungsong Apt., Songkang-dong, Yusong-ku 305-503 Taejon-si, Republic of Korea Post Office Address ___ "same" Full name of $s_{\mathbf{x}} = 7 \text{ th}$ joint Inventor, if any Youn Ho JUNG (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME) nventor's signature_ ROK Date Oct . 23. 2001 Country of Citizenship ___ Residence #118-602 Hanbit Apt., Oun-dong, Yusong-ku 305-333 Taejon-si, Republic of Korea Post Office Address _ "same" Full name of third joint inventor, if any (GNEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME) inventor's signature _____ _____ Country of Citizenship _____ Date _____ Residence __ Post Office Address _____ Full name of 4th joint inventor, if any (MISSLE INITIAL OR NAME) FAMILY (OR LAST NAME, IGNEN NAMES nventor's signature _____ _____ Country of Citizenship _____ Residence _____ Post Office Address _____ Full name of 5th joint inventor, if any FAMILY OR LAST HAME, (MIDDLE INITIAL OR NAME) IGNEN NAME aventor's signature _____ Date ______ Country of Citizenship ___ Residence _____ Post Office Address _____